

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
29 771873

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	2		1		1	
TOTAL DEP.	4		1		1	
TOTAL CLAIMS	6		2		2	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			1		1	
TOTAL DEP.			1		1	
TOTAL CLAIMS			2		2	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS